

space, equidistant from the os uteri proper. The next pain was very severe, forcing the child down deep into the pelvis, with no prospect of delivery in said position. I demanded a consultation with Prof. Miller. However, I placed her immediately under the influence of chloroform carried to anæsthesia, and the uterus, which hitherto had strongly contracted, and was now moulded to the shape of its contents, relaxed, and enabled me to push up the superior extremity sufficiently to bring down by its next pain the nates; and with the second pain the breech fairly engaged within the os, with a foot and leg flexed on the thigh. I delivered her very shortly after of a living male child. The head was sufficiently long in its detention to cut off the placental circulation, which I counterbalanced in my efforts at extraction—my finger in the child's mouth enabling it to take four inspirations; intra-uterine respiration.

Having given a concise account of the prominent features of the case, I desire to make a few observations by way of synopsis.

1st. The extreme youth of my patient—scarce fifteen years; the vaginal canal, os externum smaller than any accouchée I have ever known; 2d. The propriety of permitting the membranes to remain entire, if possible, until full dilatation of the os takes place. This I deem of the first importance in vertex presentations, and *à fortiori* in nates and other preternatural presentations. 3d. The value of chloroform—in this case most signal. Why? It produced relaxation of the uterus sufficient to enable me to convert a most unusual and dangerous position into a comparatively safe and not unusual one. At the time of the rupture of the membranes, when the fact was clearly before me that I had a side presentation, and I demanded a consultation, my mind was clearly made up that version was unattainable on account of the extreme smallness of the vaginal canal and os externum—that my only chance was embryotomy, and its feasibility for the same cause was a question. I succeeded without other aid. 4th. The inspiration of four full breaths, taken by the child while its face was impacted in the hollow of the sacrum; intra-uterine respiration. 5th. A living child, well formed, uninjured.

---

ART. XII.—*Case of Placenta Prævia.* By WM. T. TAYLOR, M. D.

ABOUT the beginning of September, 1862, I was engaged to attend Mrs. Q., residing in the 20th ward, during her labour, which was to occur in October following.

For a few months previous, she had been troubled with frequent, but slight uterine hemorrhages, which being attended with no pain, caused her little uneasiness, this being her second gestation.

On the 16th of September, the flow was very profuse, and being somewhat alarmed she sent for me; it however had ceased before my arrival.

Suspecting it to be a case of placenta prævia, yet requiring no interference at that time, I requested her to remain quiet for a few days, and avoid any exertion.

There was no recurrence of the hemorrhage until September 26th, when it came on very profusely, accompanied with some pain.

On examination per vaginam, the os uteri was dilated to the diameter of an inch, and within the neck covering the os completely was the placenta, bleeding freely with every pain; indeed the hemorrhage since morning had been quite alarming. Having tamponed the vagina I waited patiently for an half hour, when the pains being quite severe and very frequent the tampon was removed. The dilatation had increased considerably; again the tampon was introduced and an hour was allowed to pass; when the pains being very severe, and occurring more frequently, accompanied also with some discharge of blood, in consequence of the plug not being accurately applied, it was again removed. The os uteri was found to be well dilated, and completely covered by the placenta.

Having gradually passed my hand between it and the posterior lip of the uterus, I detached a portion of it, and discovered the membranes above; on rupturing them the hand and foot of a small child presented. The mother was quite exhausted by the hemorrhage, and a draught of brandy and water was given to her, when I proceeded to deliver her by bringing down the feet and body; the arms and head were extracted with some little delay.

The child appeared dead; but as there was some pulsation in the cord, and a portion of the placenta still adhered to the uterus, by rolling it gently from side to side (as Marshall Hall suggests to imitate respiration) for a few minutes, it began to breathe, and very soon manifested its vitality by loud cries.

When it had acquired sufficient strength, and a good degree of warmth, I tied the cord and removed the placenta. The womb contracted firmly; the after-pains were very slight. The mother made a rapid recovery, and her babe is now quite vigorous and large. Its life is probably owing to the circumstance that the placenta remained partially attached to the uterus until after its delivery, thus keeping up the connection with its parent until respiration was established.

December 2d, 1862.

---

ART. XIII. *Case of Injury of the Neck.* By REDFERN DAVIES, M. D., of Birmingham, England, now acting Assistant Surgeon U. S. A. (Brought before the Brodie Med. Chirur. So., Frederick City, Md.)

LEVERETT EVANS, aged 22 years, of small stature, and feeble build, was wounded at the battle of Antietam, September 17th, by a bullet entering